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**FILED**

**5/31/2016**

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

**RECEIVED**

MAY 09 2016 

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Kenneth B. Farris Jr  
(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

1:16-cv-5097  
( Judge Joan B. Gottschall  
( Magistrate Judge Young B. Kim  
PC5

Thomas Part  
officer Munoz  
Et al

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☐ **OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: Kenneth B Farris Jr
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20160127118
- D. Place of present confinement: Cook County Jail
- E. Address: PO Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thamar Dart  
Title: Sheriff  
Place of Employment: Cook County Jail
- B. Defendant: Officer mader  
Title: Officer  
Place of Employment: Cook County Jail
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: 14- CV- 6259
- B. Approximate date of filing lawsuit: 4-15
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Jonathan Lacy, Marquis Bawer,  
~~Marquis Bawer~~ Maurice Bawer
- D. List all defendants: Thomas Dart Et al
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Eastern Division
- F. Name of judge to whom case was assigned: Judge Gettleman
- G. Basic claim made: Court house wheelchair accessibility
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): pending
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

(June 30-31 2014)

On the last day of June, Officer Munoz unlocked my cell and made a statement concerning a missing Pen. He then opened the cell door allowed 10 other inmates carrying canes into my cell. I tried to get out of cell and they pushed me back and started punching me and hitting me with canes to the point they shattered two of them over my head, arms, and body. Officer Munoz was watching incident through window. When they finished officer munoz came into cell picked up pieces of cane that they broke. Held a state pen up and told rest of cell this is the pen your allowed. He never offered me any assistance left me bleeding trying to get back in chair. Officer munoz refused me medical attention and even refused ~~me~~ ~~me~~ to file an incident report to allow me to press charges. On next shift Mrs Thomas came seen me ask why he didnt get me medical attention or file a report. Told me I was to see a doctor next day. Usable lumps bruising bleeding scars on chest. Officer munoz is here for our safety as well as security. Even if he thinks an inmate did something

wrong, there's a disciplinary <sup>Committee</sup> ~~Committee~~ to decide matters. ~~A~~  
 officer should not be allowed to take matters in his own hands.  
 Officer moroz should have presented this. He held door  
 so they could come into cell. He could have stopped it at  
 any time. He neglected to call sergeant to come take pictures,  
 or video of my injuries. He totally neglected his duties  
 as officer. Although he watched entire incident he  
 did nothing to stop it or prevent it. There were several  
 witnesses in cell. I filed 8 grievances refused control  
 number finally sent to officer review board. I've wrote  
 them as well, never recieved response.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

mandatory and punitive damages  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 23 day of April, 2016

Kenneth B Ferris Jr  
(Signature of plaintiff or plaintiffs)

Kenneth B Ferris Jr  
(Print name)

20160127118  
(I.D. Number)

Cook County Jail

PO Box 089002

Chicago IL 60608  
(Address)



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☒ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT:  
☒ OTHER: Inmate Serv. Admin

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <u>Farrin</u>	PRINT - FIRST NAME (Primer Nombre): <u>Ken</u>	ID Number (# de identificación): <u>20140401095</u>
DIVISION (División): <u>3-8-N</u>	LIVING UNIT (Unidad): <u>3-8-N</u>	DATE (Fecha): <u>8/2/14</u>

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

I was jumped on June 31<sup>st</sup> 2014 officer munez watched this and did nothing to stop it. As lockdown ended officer munez came into cell taking about 9 pm when I went to leave cell several inmates (four or five) pushed officer munez up and pushed me back in cell all carrying caws some started punching me and Inmate Echo and Inmate Darnal Plara started beating me with caws to the point they shattered them over my head and body. I looked and seen officer munez watching everything in windows when they finished breaking caws then officer munez came in and picked up pieces of caw did not even ask if I'm OK, left me bleeding trying to get into my wheelchair. Officer munez refused me medical attention or even report incident so I could press charges. The other officer that was on duty ask if I was OK later that night and ask if he could help nurse Thomas came helped me ask why he didn't report it told me to see doctor visible lumps and bleeding. Officer munez is here for our safety and to watch over us he could have stopped it or prevented it totally. Should have took pictures as well as report it to supervisor so I could have atleast filed charges. He neglected his duty watched everything did not stop it or try have witness statements.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

original grievance filed on 7-2-14

Ken Farrin

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☐ GRIEVANCE ☒ NON-GRIEVANCE (REQUEST)

CONTROL #

N/A

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Farris

INMATE FIRST NAME (Primer Nombre):

Ken

ID Number (# de Identificación):

20140401095

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

Staff.

240-Misconduct (non-physical) by sworn

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

Grievance status is denied, your submission of this complaint is beyond the 15 days from the alleged event. If you feel there is just cause for reconsideration of this status, please submit the grievance issue and provide a full detailed explanation for the submission delay and an administrative review will be conducted.

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Inmate Sec Admin

DATE REFERRED:

8/17/14

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

S. Richardson

SIGNATURE:

[Signature]

DIV./DEPT.

Inmate Sec Admin

DATE:

8/17/14

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

8/18/14

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

 ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
 (¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

LACY (Sheriff) - 000127 -